

**Understanding Congressional Operations  
Address to Public Health Prevention Specialists  
& Preventive Health Residents  
The Brookings Institution  
February 28, 2002**

Thank you for inviting me to speak with you today. It's always a pleasure to meet with people who are dedicated to the public health.

**INTRODUCTION**

I always enjoy talking about public health policy, but it's not always been a hot topic here in Washington. For too long, inside the beltway, public health has received about as much attention as reform of the accounting system!

It's kind of amusing that in a strange coincidence, this parallel is equally true today—now they're both in the spotlight! Thanks to Enron, reform of the nation's accounting system is very much in the news. And because of bioterrorism, everyone now seems to be talking about public health.

The problem is, people are focused on a pretty narrow definition of what public health is all about. Still, it's a step forward.

## FOCUS ON BIOTERRORISM

You know, and I know, that we have let the public health infrastructure in this country deteriorate to a shocking extent. We've starved it for resources for years. If there's any immediate positive effect--and opportunity--that has come out of the focus on anthrax, on small pox, on other bioterrorist threats--it's that we're finally doing something to remedy this.

In October, during the anthrax attacks, the President proposed an extra \$125 million dollars to support the nation's public health infrastructure. CDC Director Jeff Koplan--who's been a consistent and vocal advocate for the need to modernize and strengthen that infrastructure-- publicly contradicted the administration's request in

testimony before Congress. He testified that \$1 billion dollars were needed, and that's about what Congress spent. Dr. Koplan deserves credit for telling the truth about public health. His departure is a real loss for the federal government and for the public.

The new bioterrorism spending will support new labs, new personnel and enhanced communication in public health activities across the country. As a result, the public health system will be better prepared to handle events ranging from bioterrorist threats to naturally occurring epidemics. This means that lives will be saved if we do face another terrorist attack, and indeed, even if we don't.

So that's to the good. But let's remember that the picture is not all rosy. At the same time we're pouring money in for bioterrorism activities, we have an administration budget cutting traditional CDC programs of prevention, health promotion and protection. This is the

worst of our habit of robbing Peter to pay Paul.

## TRADITIONAL PUBLIC HEALTH

There's an irony that we're in a panic and ready to spend money when we have single digit deaths from Anthrax, but somehow seem to be able to live with having 300,000 people die tobacco-related deaths.

Of course, we all fully support this new investment in the nation's public health infrastructure because preparing for the unknown is an important function of public health. But it is not the only function. We must also act on existing scientific knowledge for the sake of healthy individuals and healthy communities.

It's great to be updating and modernizing physical facilities, buying antibiotics and implementing plans to deal with terrorist attacks. But we've also got to do better at improving our data systems and gathering traditional epidemiological data. And we particularly have

to pay equal attention to recruiting, training and retaining a skilled force of people expert in public health.

Because we've got a lot of significant public health problems out there. We've got to use our skill to contain TB, reduce sexually transmitted diseases, stop kids from smoking, recognize and deal with the public health threats of obesity and suicide, and prevent the spread of HIV. That's what public health is all about.

I want to leave time for you all to be able to ask questions. But before I do, I want to talk about three areas of public health that have been especially frustrating for me lately: tobacco control, the attacks on the safety of immunizations, and the affect of a conservative social agenda on dealing with sexually transmitted diseases.

## TOBACCO CONTROL

There probably is no issue where my frustration has been greater than in the area of tobacco control. It's an area I've worked on nearly my whole career in Congress.

Four years ago, I reached a comprehensive agreement with Representative Thomas Bliley, who was then the chairman of the Energy & Commerce Committee. This agreement would have allowed the Food and Drug Administration to regulate nicotine as a drug and would have provided for stiff penalties if youth smoking rates were not curtailed within a decade. Representative Bliley was a Republican who represented Richmond, Virginia, the home of Philip Morris. This was a deal that could have worked. Unfortunately, the Republican leadership blocked that legislation from ever reaching the floor.

Two years ago, the Supreme Court ruled that Congress had not provided FDA with authority to regulate tobacco products. I and other members of Congress quickly introduced bipartisan legislation to give that authority to the agency. Again, the Republican leadership blocked that bill from ever reaching the floor.

If there is one thing I have learned from working on tobacco control for more than 20 years in Congress, it is that progress is slow. It's sort of similar to how difficult it is for an individual smoker to quit. Sometimes it takes five or six times, and the only thing that keeps him or her trying is the knowledge of how important quitting is for health.

It is this same imperative that motivates my efforts on tobacco policy. Despite the setbacks, the landscape has changed for the better over time. When I first became interested in tobacco control, very few people talked about the dangers of secondhand smoke. Now we know

that thousands of people, including children, fall ill or die from passive smoking each year. This knowledge has led many communities to curtail smoking indoors.

Twenty years ago, very few people considered nicotine addictive. Now a mountain of evidence has led experts around the world to declare nicotine addictive. This understanding has generated strong national support for regulation and better access to treatment services.

The last ten years have witnessed an important shift in the attitude of the public towards the tobacco industry. Thanks to the release of millions of pages of tobacco company documents, we have learned that the industry created elaborate public relations campaigns to create uncertainty about the link between smoking and disease. We also know the industry deliberately targets young people, women and minorities both in the United States and the developing world. Based on this



information, juries are increasingly siding against tobacco companies.

The national settlement between the states and the tobacco industry has stopped a few of the more egregious marketing practices in this country. But the industry hasn't changed. Recent studies have shown that advertisements in magazines for youth brands of cigarettes reach 4 in every 5 young people an average of 17 times each year. Particularly troubling to me are advertising claims made for so-called "reduced risk" tobacco products. At least two brands of cigarettes are being promoted as having reduced levels of carcinogens. Such products may actually deter quitting without providing measurable health benefits. A third company is selling tobacco mints over the internet. Even the smokeless tobacco industry is considering a campaign to describe itself as a safer alternative to smoking. With every step back, there is a need for two steps forward.

It's also been frustrating that so frequently, the dollars that were part of the tobacco settlement have not been used for the purpose of stopping kids from smoking. To the extent they have been, it's been because of the efforts of the public health community.

The CDC's Office on Smoking and Health supports international tobacco control efforts and maintains a state-of-the-art lab to evaluate some of the hazardous constituents of tobacco products. Countless state and local public health officials have stood up to the tobacco industry and explained to citizens and legislators how tobacco control saves lives. In my mind, these people are as much heroes for public health as those on the smallpox team.

## ATTACK ON IMMUNIZATIONS

Probably the greatest public health accomplishment of the 20th century was the development of life-saving immunizations against

potentially deadly infectious diseases such as measles and diphtheria. In the United States we have high immunization coverage among most children and, as a result of our efforts, we are on the verge of wiping out polio, and other diseases, such as measles, which kills over 900,000 children a year around the world. It's almost non-existent in this country.

Given the great success of our immunization efforts, and given the current focus on the need for vaccines to prevent bioterror attacks, one would imagine that our vaccine programs would be unquestioned. It seems incredible that we would have attacks on the wisdom of immunizing our children.

Unfortunately, this is not the case. I serve on the Government Reform Committee which has been holding a series of hearings highlighting unsubstantiated allegations about vaccine safety,

particularly about connections between vaccines and autism. None of these theories have been proven, and one of them has been actually disproved, but the Committee has publicized these allegations nonetheless. I am very concerned about the public health repercussions these hearings can have.

One allegation that has been examined several times is that the Measles Mumps and Rubella vaccine (MMR) can cause autism. Expert panels, including the Institute of Medicine, have examined the theory and have concluded that the evidence favors its rejection. Nonetheless, because this theory has been widely publicized in the United Kingdom, MMR immunization rates have plummeted there in recent years, with some parts of London reporting immunization rates of less than 50%. In the first five weeks of 2002, there were over 250 measles cases in the UK compared to just 17 in the US. Such a dramatic decrease in immunization coverage in the US could cause a measles epidemic here.

We must be vigilant about vaccine safety. Immunizations are mandated in every state for school entry and they are given to healthy children and they must be as safe as they can be. This is why doctors and parents should report adverse effects of vaccines to FDA and why we should continue research into how to improve vaccines. However, publicizing unsubstantiated or disproved allegations about vaccine safety can seriously undermine the tremendous public health achievements that immunizations have made possible. It is a unwise and irresponsible course.

## SEXUALLY TRANSMITTED DISEASES

I would like to conclude with a few words about a public health topic that rarely attracts attention – sexually transmitted diseases. Many of these disorders cause significant suffering and even death in those afflicted. Yet thousands could be prevented by public health campaigns designed according to strategies that have been proven successful.

What's needed is access to understandable information, health care services, and family planning.

But we are back in an era where the agenda of the religious right is raising havoc with good public health policy.

The Bush administration seems to be pushing abstinence-only programs are the one and only approach to preventing sexually transmitted diseases. Unfortunately, the evidence supporting these interventions is weak. Surgeon General David Satcher's report on sexuality was another courageous effort to tell the truth about an important public health problem that fell on deaf ears in this Administration. And just the other day we saw Secretary of State Colin Powell vilified as "reckless" for expressing his view that condoms are an important weapon in the fight against transmission of HIV.

Today, we have no Surgeon General. We have no FDA commissioner. We have no NIH director and soon we will have no CDC director. It unfortunately seems this Administration is playing politics with our nation's health. We've got to stop using the ideological views of the far right as a litmus test, and pick qualified women and men to lead these agencies at such a critical time in our nation's history.

## CONCLUSION

The challenges facing you as fellows in preventive medicine could not be greater. As state and local health departments adapt to their new role of bioterrorism preparedness, you must find ways to maintain the other important functions of public health. Whether by seeking tobacco control, supporting vaccination, combating STDs or promoting cervical cancer screening, or by participating in many other public health activities, you will play a vital role in protecting us all against disease.

I don't think public health will ever be as popular as we would like it to be. But that fact makes the successes even more worthwhile. I wish you the very best for your fellowship and in your careers. Thank you very much.